MULTIPLE DEPENDENT CLAIM-FEE CALCULATION SHEET (FOR USE WITH FORM PTO-515) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. · 1 AD TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL **国家**尼 : 888

FILING DATE